



PTO/SB/22 (08-03)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 304142000322															
<table border="1"> <tr> <td colspan="2">In re Application of      Malaya CHATTERJEE et al.</td> </tr> <tr> <td>Application Number 08/836,455</td> <td>Filed May 9, 1997</td> </tr> <tr> <td colspan="2">For: MURINE MONOCLONAL ANTI-IDIOTYPE ANTIBODY 11D10 AND METHODS OF USE THEREOF</td> </tr> <tr> <td>Art Unit 1642</td> <td>Examiner S. Rawlings</td> </tr> </table>			In re Application of      Malaya CHATTERJEE et al.		Application Number 08/836,455	Filed May 9, 1997	For: MURINE MONOCLONAL ANTI-IDIOTYPE ANTIBODY 11D10 AND METHODS OF USE THEREOF		Art Unit 1642	Examiner S. Rawlings							
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$ 420.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>210.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u></p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input type="checkbox"/> attorney or agent of record. Registration Number _____  <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).    Registration number if acting under 37 CFR 1.34(a) <u>40,030</u></p> <p><u>May 17, 2004</u>    Date <u>Jill A. Jacobson</u>  <u>(650) 813-5876</u>    Telephone Number <u>Jill A. Jacobson</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
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